

**FILED**

7/18/2016

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

**RECEIVED**

JUN 23 2016

6-23-16  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

JAMES ROBERTS # 20140910003

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

Dr. Paul

vs.

SHERIFF TOM DART

1:16-cv-6623

Judge Sharon Johnson Coleman

Magistrate Judge Sheila M. Finnegan

C: PC5

(To be supplied by the Clerk of this Court)

MEDICAL STAFF - JOHN DOES COOK COUNTY JOHN DOES

DIRECTOR REYES MEDICAL STAFF JOHN DOES

SHERIFF GAVIN Dr. Avery Hart

SHERIFF TOPIA DIRECTOR DR. JONES

Dr. TUTULA

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

Filing under ADA

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

2/2

**I. Plaintiff(s):**

A. Name: JAMES ROBERTS

B. List all aliases: \_\_\_\_\_

C. Prisoner identification number: 20140910003

D. Place of present confinement: COOK COUNTY Jail

E. Address: P.O BOX 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Dr. Paul

Title: Doctor

Place of Employment: COOK COUNTY Jail

B. Defendant: SHERIFF JOHN DOES

Title: SHERIFF

Place of Employment: COOK COUNTY Jail

C. Defendant: MEDICAL STAFF - JOHN DOES

Title: MEDICAL STAFF

Place of Employment: COOK COUNTY Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**I. Plaintiff(s):**

- A. Name: JAME ROBERTS
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20140910003
- D. Place of present confinement: COOK COUNTY Jail
- E. Address: P.O. Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr. Paul  
 Title: Doctor  
 Place of Employment: COOK COUNTY Jail
- B. Defendant: SHERIFF Tom Dant  
 Title: SHERIFF  
 Place of Employment: COOK COUNTY Jail
- C. Defendant: SHERIFF Gavin  
 Title: SHERIFF  
 Place of Employment: COOK COUNTY Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. SHERIFF TOPIA  
SHERIFF  
COOK COUNTY JAIL

E. Dr. TUTULA  
Dr  
COOK COUNTY JAIL

F. Dr AVERY HART  
Dr  
COOK COUNTY JAIL

G. NURSE WRIGHT  
NURSE  
COOK COUNTY JAIL

H. NURSE EVANS  
NURSE  
COOK COUNTY JAIL

I. Director Dr. JONES  
Director / Dr  
COOK COUNTY JAIL



III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- CASE # 1:16-cv-5693
- X A. Name of case and docket number: JAMES ROBERTS  
V. SHERIFF TOM DANT ET AL
- X B. Approximate date of filing lawsuit: MAY 31, 2016
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
JAMES ROBERTS
- D. List all defendants: SHERIFF TOM DANT, ET AL
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: EXCESSIVE FORCE
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): PENDING
- I. Approximate date of disposition: PENDING

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

6/15/16

To Whom It May Concern,

My name is Mr. James Samuel Roberts. I am incarcerated here at the CCJ, a liberal man who is fighting for his freedom. While battling physical and mental health ailments, I feel because of the negligence of CCJ Cermak Health Services I will lose my life prematurely. It is very detrimental that someone hears my cry for help. I don't believe for one minute that compassion is a learned behavior. It is something instilled inside of us at a very tender age. To the ending of this matter I would like to thank you for taking the time to read this.

Sincerely yours,  
\* JAMES ROBERTS



## Statement of Claim

6/15/14

3)

I demand to sue all CCPDC staff mentioned in this statement of claim.

1. John Does
2. Director Reyes / Superintendent
3. Nurse Wright
4. Nurse Evans
5. ~~XXXXXXXXXX~~
6. ~~XXXXXXXXXX~~ / Dr AVERY Hart
7. Dr. Paul
8. Tom Dart,

All cermak staff that hasn't followed the rules and guidelines of my U.S. constitutional rights.

Sincerely yours,  
\* James Roberts

1-773-674-7545 Hotline

1-773-674-7580 Complaints .



2)

## Statement of Claim

6/15/16

### 1. Health Issues

A. High Blood Pressure

B. Diabetes

C. Poor Circulation

D. Thrombophlebitis

1. Oxygen Deprivation

2. Visually Impaired

3. Mental Illness

4. Amputee / Prosthetic Leg (Singular)

5. Pre-Double Amputee

Sincerely yours  
Pending \*



2)

## STATEMENT OF CLAIM

Dr. Paul has denied all of my rights for disability assistance.

Dr. Paul has prescribed me medications without seeing me, 1) Blood thinner, with no follow up blood draws.

I needed a new prosthetic leg because the old one put pressure on a calcium deposit that was detrimental to my health.

Also Dr. Paul prescribed me medication unbeknownst that caused me to fall and shatter two teeth, causing blood clots.

Dr. Paul Stopped all medical treatments due to my grieving process, and hasn't appointed a different Dr. has shown deliberate indifference to me and has used intimidation tactics that has caused physical, mental pain.

I have feelings of anxiety, depression, nightmares etc. Dr. Tutula said I was going to lose my leg if Dr. Paul had her way.

In Div. 8 RTU 3E the nurses response to my stress has been "have you filled out a medical request", my answer being yes. My fear of losing my other leg because of Dr. Paul's negligence is my main concern. It's been over a year.

All that has to be done by a superior is to read chapter 3 (inmate rights).

Resolution would be proper medical treatment / abuse free of any kind.



## STATEMENT OF CLAIM:

i) I have been deprived of my U.S Constitutional rights, my due process clause has been violated, also deliberate indifference to my serious medical and mental needs. Cruel and unusual punishment clause:

For the last 20 months I have been deprived of all correct medical treatments.

Dr. Paul has denied my medical appointments that have been deemed emergency/urgent medical care.

I have Thrombo Phlebitis.

I had my wheelchair pulled from underneath me and was thrown out of my wheelchair by CCDOC Sheriff Tapia; badge # unknown.

Four wounds to my wrist due to the assault.

I was also assaulted by Sheriff Gavin and Sheriff John D at the Cermak lab, choked

and dragged to the inmate holding area outside the Cermak lab, which left me bleeding on the inside of my body.

Its been over a year and Dr Paul has denied me any medical treatment. I asked to see a different Dr. and was denied. Dr. Paul has violated The Hippocratic Oath also the patient bill of rights.

According to CCDOC Inmate bills of rights handbook chapter 4 all healthcare services are not to be denied.



1)

## State of Claim

6/15/16

The State of Illinois and the U.S inmate state and federal grant fund dollars pay for all of my medical and mental health services.

My question being, why am I being denied rights to proper medical and mental health services conducted by Cermak Health Services, under the operation of Director Dr. Jones ?

Dr. Paul perscribed me medications that had side affects, life threatening, without follow up care or any consistent appts. In fact, none.

This is all causing me emotional, physical, mental, spiritual pain. Im about to lose the use of my other leg. I feel Im being abused. A person that has been found guilty of a crime doesnt even deserve the cruel and unjust punishment I am recieving; my case being open.

I also have a green filter that is working at a reverse, because its over 20 years old. That has gone unrecognized because the negligence of the staff at CC Health System at the CCJ.

The ending of this matter as stands, slavery has been abolished and I dont feel that being abused and being sentenced to a slow death by a jails negligence is part of my U.S. Constitutional rights

Sincerely Yours,  
\* JAMES ROBERTS



## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

ASKING \$100 Million

pay + SUPPLIES

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 6 day of 14, 20 16

XX James Roberts  
(Signature of plaintiff or plaintiffs)

X JAMES ROBERTS  
(Print name)

X 20140910003  
(I.D. Number)

COOK COUNTY Jail  
P.O. Box 089002 Chicago, IL 60608  
(Address)





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2016X3754

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a)):

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016 X 3539

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación:)

PLEASE check medical Records  
I HAVE complained MANY MANY Times  
check Cermak Health Services Records

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):